Effective December 29, 1999												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FO	R	NUMBER	RFILED	NUMBER E	XTRA	RAT	Е	FEE		RATE	FE	E
BA	SIC FEE			in the				345.00	OR		690	.00
то	TAL CLAIMS	8	minus 20	= *		X\$ 9)=		OR	X\$18=	ı	
IND	EPENDENT CLA	ims \propto	minus 3	= *	*		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130)=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA			OR	TOTAL	10	90
CLAIMS AS AMENDED - PART II							OTHER THA					N
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							LLE	NTITY	OR I I	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	TIO	DI- NAL EE
	Total	. 4	Minus	20	= <i>b</i>	X\$ 9	9=		OR	X\$18=		
	Морония	• 1	Minus	··· 3	= 65	X39)=		OR	X78=		
	FIRST PRESEN	NTATION OF MU	ILTIPLE DEPE	NDENT CLAIM		+130)=		OR	+260=		
						TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	Œ	₽_
		(Column 1)		(Column 2)	(Column 3)	ADDIT.						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	TIC	DDI- DNAL EE
	Total	*	Minus	**	=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	=	X39)=		OR	X78=		
F	FIRST PRESE	NTATION OF M	JLTIPLE DEPI	ENDENT CLAIM		+13	0=		OR	+260=		
ł						TO ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Column 2)	(Column 3)				_			
AMENDMENT C	*	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE		RATE	TIC	DDI- ONAL EE
	Total	*	Minus	**	=	X\$	9=		OR	X\$18=		
	Independent	*	Minus	***	=	Х3	9=		OR	X78=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIN	1				1	1260-	1	
	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2. write "0" in c	olumn 3.	+13	OTAL		OR	+260=	+-	·
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 									OR	ADDIT. FE	Ē.	
	The "Highest Nur	nber Previously Pa	aid For" (Total or	Independent) is the	e highest numbe	er found in	the ap	opropriate b	ox in c	olumn 1.		

Application or Docket Number